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PTO/SB/125A (08-00)

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Firm or Individual Name	Bill Artzberger			
Address	P.O. Box 503			
Address				
City	Bloomfield Hills	State	MI	ZIP 48303-0503
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Please associate the following practitioner registration number(s) with the Customer Number assigned to the Correspondence Address cited above.

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Request Submitted by:

Firm Name (if applicable)	S. Michael Bender, PA		
Name of person submitting request	S. Michael Bender		
Signature			
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